



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: February 26, 2007

## ***BULLETIN***

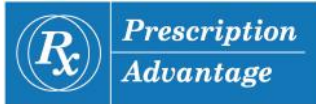
This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

### ***Final Determination of Extra Help Status Not Received***

In 2006, members believed to be eligible for Extra Help were contacted by Prescription Advantage to confirm that they submitted an application to Social Security. Many members indicated that they did apply but Prescription Advantage has not received a copy of the confirmation receipt and/or determination letter that the member should have received from Social Security. Follow-up calls have recently been made to these members to request this documentation.

The attached letter will be mailed to members that could not be reached by telephone. In early April, if the member has not provided Prescription Advantage with a copy of a confirmation receipt and/or determination letter from Social Security , or the Verification of Resources form, a second reminder letter will be sent.

Eligible members that fail to provide Prescription Advantage with a copy of a confirmation receipt and/or determination letter from Social Security or attest to having assets over the limit will lose their Prescription Advantage benefits on April 30, 2007.



Date

PA ID#

Member's Name  
Member's Address  
City, State Zip

Dear Member's Name:

Prescription Advantage requires eligible members to apply for Extra Help through Social Security. Extra help is the limited-income subsidy that can reduce your prescription drug costs by lowering your Medicare drug plan's premium and co-payments.

Our records show that you applied for Extra Help. However, Prescription Advantage has not yet received information from you about the decision made by Social Security regarding your Extra Help application. **In order to continue your benefits under Prescription Advantage, we must know if Social Security received your application, and if it was approved or denied.**

If you sent in your application, Social Security should have sent you a **confirmation receipt** when they received your application, and a **determination letter** telling you whether you were approved or denied for Extra Help. Prescription Advantage must have copies of these letters

### **IMPORTANT**

#### **What You Need To Do Now**

1. If you did receive a confirmation receipt and/or a determination letter from Social Security but no longer have the letter(s) or if you are not sure you received these letters, please contact Social Security at 1-800-772-1213 or 1-800-325-0778 (TTY).
2. If you did receive a confirmation receipt and/or a determination letter from Social Security and still have them, please send copies **immediately** to:

Prescription Advantage  
Attn: Benefit Coordination Department  
P.O. Box 15153  
Worcester, MA 01615-0153

3. If you did not receive a confirmation receipt or a determination letter from Social Security, you must verify either that you are not qualified for Extra Help, or re-apply for Extra Help. The next page contains important instructions that you must follow to protect your Prescription Advantage benefits.

## If Your Resources are too High to Qualify for Extra Help

To qualify for Extra Help, your assets cannot be more than \$11,710 for a single person or more than \$23,410 for a married couple. If your Resources are more than these amounts, please complete the enclosed **Verification of Resources** form and return it to Prescription Advantage at the address listed below. You will not be required to apply for Extra Help and your Prescription Advantage benefits will continue without interruption.

## If Your Resources Qualify you for Extra Help

You must re-apply for Extra Help. You may apply by any of the following methods:

1. Contact Social Security
  - Social Security can process your application over the phone or send you an application form. You can also apply for Extra Help on -line using Social Security's web site. Social Security can be reached at:
    - 1-800-772-1213
    - 1-800-325-0778 (TTY)
    - on the web, [www.socialsecurity.gov](http://www.socialsecurity.gov)
2. Call Prescription Advantage Customer Service
  - Prescription Advantage can help you apply for Extra Help over the phone. Please call:
    - 1-800-AGE-INFO (1-800-243-4636)
    - 1-877-610-0241 (TTY)

Note: If you receive a request for additional information from Social Security, *you must respond to it promptly* and provide Social Security with any information that they request.

When you receive a confirmation receipt and determination letter from Social Security, send a copy to:

Prescription Advantage  
Attn: Benefit Coordination Department  
P.O. Box 15153  
Worcester, MA 01615-0153

## If you qualify for Extra Help and you do not apply, your Prescription Advantage benefits will be terminated effective April 30, 2007.

If you have any questions about this letter or your Prescription Advantage benefits, please call Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

Deleted: 2/26/2007

## Verification of Resources:

Member Name:

Member ID:

If you believe that your resources exceed the eligibility requirements for Extra Help, please check the appropriate box below, sign the bottom of this page and mail this form to:

Prescription Advantage  
Attn: Benefit Coordination Department  
P.O. Box 15153  
Worcester, MA 01615-0153

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If you are single, a widow(er) or your spouse does not live with you:

☐ I certify that my savings, investments and real estate (other than my home) are worth more than \$11,710.

If you are married and living with your spouse:

☐ I certify that our savings, investments and real estate (other than our home) are worth more than \$23,410.

Please include the things you own by yourself, with your spouse or with someone else. **Do not include your home, burial plots or personal possessions.**

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### Signatures

I hereby certify, under the pains and penalties of perjury, that I have examined all the information on this form and that it is true, complete, and correct to the best of my knowledge and belief.

If you are acting on behalf of someone who is unable to complete this form because of a physical or mental condition, by signing this form, you are declaring that the information submitted and any accompanying or supplemental information is true, complete, and correct to the best of your knowledge and belief.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of member (or designee if the member is unable to complete this form)

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of member's spouse (or designee if the spouse is unable to complete this form)